



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 1486

SERIAL NUMBER 10/039,342	FILING DATE 01/08/2002 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. 8266-0738
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APPLICANTS

Richard L. Borders, Cincinnati, OH;
Richard H. Heimbrock, Cincinnati, OH;

JC978 U.S. PRO
10/039342

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 09/187,696 11/06/1998
WHICH CLAIMS BENEFIT OF 60/064,709 11/07/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 02/05/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Timothy E. Niednagel
Bose McKinney & Evans LLP
Suite 2700
135 N. Pennsylvania Street
Indianapolis ,IN 46204

TITLE

Communication and data entry device

FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/187,696 11/06/1998 ABN WHICH CLAIMS BENEFIT OF 60/064,709 11/07/1997				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 37
INDEPENDENT CLAIMS 5				
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FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	